

## Medicare Advantage Non-Participating Provider Appeal

Providers not participating with a particular Florida Blue Medicare Advantage plan have the right to appeal. You may file your appeal in writing within 60 calendar days after the date of the remittance advice. The time can be extended if you can provide evidence for what prevented you from meeting the deadline. To review your appeal, we need your completed signed Waiver of Liability Statement. To obtain a Waiver of Liability form, click [here](#). Upon review of this appeal form and the Waiver of Liability form, we will give you a decision on your appeal within 60 calendar days.

Date \_\_\_\_\_

### 1. Provider Information

Provider Name		National Provider Identifier (NPI)	Florida Blue Provider Number	
Street Address		City	State	ZIP
Telephone Number	Fax Number	Contact Name		

### 2. Patient Information

Last Name	First Name
Member/Contract Number (alphas and numeric)	Date of Birth

### 3. Claim Information

Claim Number	Date(s) of Service (MM/DD/YYYY) (From) (To)
Total Billed Amount	Procedure Code(s) Being Appealed

### 4. Appeal Explanation

**Supporting Documentation:** The following supporting documentation **must** be attached to this form:

1. Copy of the remittance advice or member's explanation of benefits. Indicate the code(s) or service(s) being appealed.
2. All medical documentation related to the appeal (medical records, operative report, etc.).